

Original Article

Hospital Versus Home Death: Results from the Mexican Health and Aging Study

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Abstract

Context. Characterizing where people die is needed to inform palliative care programs in Mexico.

Objectives. To determine whether access to health care influences the place of death of older Mexicans and examine the modifying effects of demographic and clinical characteristics.

Methods. We analyzed 2001 baseline and 2003 follow-up data from the Mexican Health and Aging Study. Cases included adults who completed the baseline interview and died before the follow-up interview and for whom a proxy interview was obtained in 2003. The main outcome variable was the place of death (hospital vs. home). The predictors of the place of death were identified using logistic regression analysis.

Results. The study group included 473 deceased patients; 52.9% died at home. Factors associated with hospital death were having spent at least one night in a hospital during the last year of life (odds ratio [OR]: 6.73; 95% confidence interval [CI]: 3.29, 13.78) and dying in a city other than the city of usual residence (OR: 4.68, 95% CI: 2.56, 8.57). Factors associated with home death were not having health care coverage (OR: 2.78, 95% CI: 1.34, 5.88), living in a city of less than 100,000 residents (OR: 2.44, 95% CI: 1.43, 4.17), and older age (OR: 1.03, 95% CI: 1.01, 1.05).

Conclusion. Older Mexicans with access to health care services were more likely to die in the hospital even after controlling for important clinical and demographic characteristics. Findings from the study may be used to plan the provision of accessible end-of-life hospital and home-based services. *J Pain Symptom Manage* 2011;41:880–892. © 2011 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc. All rights reserved.

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Key Words

Access to health care, place of death, palliative care, aging, Mexico

Introduction

Providing quality care at the end of life for older persons is increasingly being recognized as a public health priority worldwide.¹ A critical first step in the planning of palliative care programs involves assessing the needs of the target population. Characterizing where people currently die and the factors that influence their site of death is needed to inform the development and implementation of quality palliative care programs, particularly in developing countries such as Mexico, where palliative care programs are critically and increasingly needed. This study identified the associations between the place of death of older Mexicans and access to health care, as well as the demographic and clinical characteristics of the study participants, using data from a national health survey of older Mexicans.

Palliative care programs are relatively new and evolving in Latin America. Although important new palliative care programs have emerged throughout Latin America in recent years, critical services are still unavailable or inaccessible to much of the population. The urgency for palliative care programs is especially pronounced in countries such as Mexico, where the demographic and health needs of the population are rapidly changing. The development of far-reaching palliative care programs in the region is necessitated by the increasing prevalence of chronic diseases and causes of death, the rapid aging of the population, and the late-stage diagnosis of disease and limited curative facilities in poor regions.^{2,3} Obstacles to the growth of palliative care in Latin America identified to date include poverty, inadequate health care coverage, unavailability and/or high cost of opioids and other medications, lack of knowledge and training related to palliative care and pain management, the fragmentation of initiatives and efforts, limited research on palliative care, and inadequate political commitment as reflected in the low prioritization of palliative care when formulating health care and health education policies.²⁻⁵

The World Health Organization (WHO) promotes a public health approach to palliative care in which comprehensive palliative care programs are integrated into the existing health systems and adapted to the specific cultural and social context of the target populations.⁶ The contexts in which palliative care evolves can differ greatly across countries, as reflected by the divergent health care systems into which palliative care programs must be integrated, the varying levels of available resources, and the cultural differences in attitudes toward death and dying. The WHO has issued general recommendations for countries according to the available resources that can be tailored to specific situations. In both low- and medium-resource settings (i.e., most developing nations), the WHO recommends high coverage of patients through services provided via home-based care.⁶

Research, largely from developed nations, suggests that most people with progressive illness wish to die at home.^{1,7-11} A variety of studies also have found that more than 50% of people receiving care for a serious illness favor home care at the end of life.¹ Despite the prominent preference for home care and home death, hospital deaths predominate in many countries and only a minority of persons throughout the world has access to professional end-of-life home care and the opportunity to receive this type of care when dying at home.^{1,7,9,12,13} Nonetheless, recent evidence from countries such as the United States, England, and Canada indicates that more people are dying outside of hospitals,¹⁴ a phenomenon that may be largely attributable to the development of successful integrated palliative care programs in these countries.^{13,15}

Yet, the rates and trends of hospital vs. home deaths can vary greatly both within and across countries, and greater rates of home deaths in some contexts do not necessarily indicate the existence of hospice or palliative home health care programs.¹ For instance, in countries such as the United States, Italy, and Spain, people in rural areas are more likely to die at

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